

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/614389

FILING DATE

7/12/60

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4						
5						
6						
7						
8						
9						
10	1					
11						
12						
13						
14						
15						
16	1					
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28	1					
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39	1					
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	59					
TOTAL CLAIMS	69					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53	1					
54	1					
55		1				
56	1					
57		1				
58	1					
59	1					
60		1				
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						